

MEETING MINUTES
Act 264 Advisory Board/Children's SPSC Joint Meeting
1/28/2022
DRAFT

Act 264 Advisory Board Meeting (9:30 – 10:00)		
Members present: Alice Maynard, Cinn Smith, Matt Wolf, Doug Norford		
Guests: Christina Thompson (DMH), Joanne Crawford (DMH), Stephen DeVoe (DMH), Sandi Yandow (VFFCMH), Sarah Teel (Voices for Vermont's Children)		
Agenda Items	Discussion Points	Decisions/Actions
Introductions	The group did introductions.	
2022 SOC Priorities follow up steps	Discussion about ways to follow up with department leadership on the interagency system of care priorities that were recommended by the Board and SPSC.	Coordinate and discuss more in depth at February meeting with Interagency Planning Director, Cheryle Wilcox.
Joint Act 264 Advisory Board and Children's State Program Standing Committee Meeting (10:00 – 12:00)		
Members present: Alice Maynard, Cinn Smith, Matt Wolf, Ron Bos-Lun, Doug Norford, Heather Freeman, Ward Nial		
Guests: Sarah Teel (Voices for Vermont's Children), Sue Traverse, Joanne Crawford (DMH), Christina Thompson (DMH), Steve DeVoe (DMH), Sandi Yandow (VFFCMH), Pam McCarthy (VFN)		
Agenda Items	Discussion Points	Decisions/Actions
Parent Rep. Recruitment	<ul style="list-style-type: none"> The Vermont Family Network (VFN) is in the process of hiring for a position that will also act as a Parent Representative. The Designated Agencies will participate in the hiring process. There will then be six Parent Representatives statewide. The Vermont Federation of Families Children's Mental Health (VFFCMH) only pays what the Local Interagency Team (LIT) Coordinators submit per the Department of Mental Health (DMH) policy. Working to standardize payment guidelines around follow-up meetings. The group will speak with Cheryle Wilcox about Parent Representative recruitment coordination. 	
IFS Update: Cheryle Wilcox	<ul style="list-style-type: none"> The Interagency System of Care Report will be going out today or early next week after some final additions. Yesterday was Diane Bugbee's last State Interagency Team (SIT) meeting. Diane is retiring. 	<ul style="list-style-type: none"> Cheryle will send photos of activity kits. February agenda item with Cheryle on SOC recommendation follow up

	<ul style="list-style-type: none"> The Vermont Program for Quality in Health Care is putting together activity kits for children waiting in emergency departments. There are different age level kits, 3 – 5 years old, 6 – 12 years old, and 13 – 18 years old. The legislature has \$4 million earmarked to help designated agencies (DA), special service agencies (SSA), and peer run organizations to help with housing youth and adults. The application for funds will be released in a week. Laurel Omland and Cheryle Wilcox created a proposal to utilize Mental Health Block Grant (MHBG) funds for analysis around youth peer supports in Vermont - \$60,000. A Request for Proposal will be sent out. The group asked Cheryle Wilcox about following up on the recommendations they have made to leadership, and she suggested that next month the group should work together on an action plan. 	
Coordinated Service Plan (CSP) Department Engagement	Currently, it is difficult for families to find information about Coordinated Service Plans (CSP) on department websites. There will be more discussion with Cheryle next month.	
Act 264/SPSC Focus Tracks	Continued work on SOC recommendations follow-up.	
Membership Composition and Recruitment	A parent member recently resigned from the Act 264 Advisory Board. Currently, the board has openings for an advocate, parent, and provider member. The Act 264 Advisory Board will send a letter of thanks to the board member who resigned.	<ul style="list-style-type: none"> Christina will email current Act 264 Advisory Board flyers for the group to review and update. Matt will write up a draft of the thank you letter and get feedback from the board.
Review December Meeting Minutes	Alice moved to accept the minutes as drafted; Cinn seconded the motion. All in favor and the motion passed.	
CSP data tracking brainstorm	The group brainstormed on how to better track the count of CSPs in the state.	
Public Comment	There was no public comment.	
Break (12:10 – 12:20)		
	Children's State Program Standing Committee (12:20 – 2:15)	
Members present: Ward Nial, Cinn Smith, Ron Bos-Lun		
Guests: Christina Thompson (DMH), Sarah Teel (Voices for VT Kids), Steve DeVoe (DMH), Katie Smith (DMH), Sandi Yandow (VFFCMH), Christina Glowac (LCMHS), Katina Idol (LCMHS), Miranda Young (LCMHS), Michael Hartman (LCMHS)		
Agenda Items	Discussion Points	Decisions/Actions
LCMHS Meeting Prep	Standing Committee members prepped for their meeting with Lamoille County Mental Health Services (LCMHS).	

LCMHS Redesignation Meeting	<p>Standing Committee members met with LCMHS leadership to ask questions related to the redesignation of Child, Youth, and Family Services (CYFS) at the agency.</p> <ol style="list-style-type: none"> 1. LCMHS has had no reported grievances or appeals since 2018. How does LCMHS quantify and record grievances and appeals that are not reported to the agency in writing? <ol style="list-style-type: none"> a. COVID-19 brought on staff turnover and there was a lapse in transferring knowledge of Grievance and Appeal procedures. LCMHS' new CYFS Director Robyn Daley has been trained on Grievance and Appeal protocols and has trained staff on the correct protocol. There are often complaints that are resolved before they rise to the level of a grievance that would be reported. 2. In regard to the seven-week intensive non-violent communication training, has LCMHS seen a change in staff morale and interactions post-training? How has the training affected staff? <ol style="list-style-type: none"> a. This training was held at a time that people were very stressed out during COVID and were able to apply what they learned directly to their work. The training was successful and impactful on staff – conversations about utilizing the skills learned have continued still a year later. A recent staff satisfaction survey indicated that communication is still a challenge. We will be re-surveying staff about this issue to clarify where there is a breakdown of in communication. 3. In a survey of LCMHS Children's Local Program Standing Committee (LPSC), three respondents said the agency is not receptive to the LPSC's feedback. What changes have been made to ensure members feel heard and valued? <ol style="list-style-type: none"> a. We check in with members for agenda items and agenda planning. Asking if there are concerns or areas of feedback for LCMHS. Many of LCMHS's members are families that formerly had children in services that are now adults, so some of the policies have changed and discussion may not be as relevant to them. Recently there are new members with youth currently in services. LCMHS is reflecting on and asking members and the community if they providing an accessible and equitable space for members to meet. 	
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	<p>4. What is the LCMHS's commitment to increasing wages and retaining staff?</p> <p>a. LCMHS is struggling with this area. The state had provided a one-time increase of funds, but that does not keep up with inflation. There are 63 vacancies as of today – one-third in Children's Services. Other agencies and private practice can pay more. Concerned about submitting a deficit budget next year if they continue to increase wages to retain and recruit staff. Are hopeful that the legislature will see this and make a change to resources. 270 employees would be a fully staffed agency. Leadership continues to look at and discuss how they can support staff financially and emotionally.</p> <p>5. What do current waitlists look like in CYFS programs?</p> <p>a. Outpatient – over 20 for individual therapy, and 15 for family (in home intensive therapy), case management – 15.</p> <p>b. Redwood – need 9 one-on-one behavior interventionists</p> <p>c. School-based – 2 positions open of 11. Candidates are asking for professional clinical wage and LCMHS can't pay that. Superintendent would like to double the number of clinicians. Caseloads are high.</p> <p>6. How is LCMHS relationship with the Department for Children and Families (DCF)?</p> <p>a. Strong relationship with Morrisville district office. Monthly collaborative meeting with DCF. Case managers and therapists work closely with DCF social workers on a regular basis.</p> <p>7. How does the LCMHS work with community partners? Please describe some relationships that are strong and some that the agency would like to work on.</p> <p>a. Strong relationships: DCF, school districts, Local Interagency Networking Team (LINT), Local Interagency Team (LIT), Children's Integrated Services (CIS), help provide trainings to schools, invite community partners to come and provide trainings to LCMHS staff to educated staff on local resources.</p> <p>b. Relationships to build: Lamoille Family Center, Lamoille Health Partners both have new executive directors – working on building new relationships.</p>	
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	<p>c. Working on becoming a CCHBC, this funding would help address some gaps in the system. Gaps- children waiting in the Emergency Department, would like to work with Lamoille Health Partners more to create a reliable way to do referrals between agencies. Youth in transition needs some attention as well.</p> <p>8. How do you communicate agency data and outcomes to staff and the LPSC, and how do you incorporate their feedback?</p> <p>a. LCMHS has hired a Quality Management staff person who collects data and shares it back with community, staff, and standing committee. LCMHS got a new Electronic Health Record (EHR) – Netsmart, which has helped improve data collection and quality.</p> <p>9. Who is responsible for quality improvement/quality assurance at the agency? How does the agency communicate QI initiatives and outcomes?</p> <p>a. LCMHS has a Quality Management staff person, but they consider all staff to be responsible for quality improvement and assurance at the agency and utilize the EHR to help manage this.</p> <p>10. How does LCMHS build community and morale within the agency while working remotely?</p> <p>a. Leadership is strong in teambuilding and staff embrace this. Engaging in teambuilding activities that are fun and build community. Yankee swap, ugly sweater contest, etc. Self-care afternoons that are considered work and staff provide photo evidence.</p> <p>11. Are there things your agency is doing differently due to COVID that will continue?</p> <p>a. Level of flexibility with remote work and telehealth. Being open to staff working outside of typical silos.</p> <p><u>Kudos</u></p> <ul style="list-style-type: none"> • Completing this agency redesignation cycle with no findings and corrective action plan. • Strong Emergency Services program 	
SPSC Designation Recommendation	The Children’s Standing Committee is recommending the redesignation of LCMHS with no deficiencies.	

Public Comment:	No public comment.	
Meeting Adjournment	The meeting adjourned at 2:15 PM.	